

HIPAA Transaction Standard Companion Guide

to ASC X12N (005010) HIPAA Transaction Sets 820 and 834

State of Michigan
Department of Information Technology
Department of Civil Service

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Preface

This Companion Guide to the ASC X12N (5010) Implementation Guides adopted under HIPAA clarifies and specifies the data content being sent when data is transmitted electronically from the State of Michigan, Department of Civil Service. This document does not replace any ASC HIPAA Transaction Set Implementation Guides. Transmissions based on this companion document, used in tandem with the ASC X12N HIPAA Implementation Guides, are compliant with both ASC X12 (5010) syntax and those guides.

General Information

Delimiters

The State of Michigan will use the following symbols as delimiters:

| | |
|---------------------|---|
| Element Separator | |
| Segment Separator | ~ |
| Component Separator | } |

ASC Version

The State of Michigan will provide transactions in accordance with the following ASC X12N HIPAA Implementation Guide versions:

| | |
|----------------------|----------------------|
| Transaction Set 834: | Version 005010X220A1 |
| Transaction Set 820: | Version 005010X218 |

Content

The only segments present in this companion guide are segments that require clarification or segments that contain elements that require clarification.

Elements that are shaded indicate clarification is required for that element. Please see the comments section below each segment specification for clarification.

834 Benefit Enrollment and Maintenance

Update vs. Full File Audits

The 834 Transaction can be used to provide either updates to the enrollment database or full file audits.

- Update Files will be sent once a week.
- If there are no enrollment changes since the previous transmission, an Update File will not be sent.
- Full/Verify Files will be sent once a quarter.
- An Update File will precede every Full/Verify File.

The 834 Transaction set will be used to send enrollment data for Active Employees and COBRA participants.

Header Area - (Table 1)

| ID | Segment Name | Mandatory/ Optional | Max Use | Loop Repeat | Comments |
|--|--------------------------------|------------------------|------------|----------------|------------------------|
| ST | Transaction Set Header | R | 1 | | |
| BGN | Beginning Segment | R | 1 | | |
| REF | Transaction Set Policy Number | S | 1 | | |
| DTP | File Effective Date | S | > 1 | | |
| QTY | Transaction Set Control Totals | S | 3 | | Not Used by SOM |
| Loop ID – 1000A SPONSOR NAME | | | | 1 | |
| N1 | Sponsor Name | R | 1 | | |
| Loop ID – 1000B PAYER | | | | 1 | |
| N1 | Payer | R | 1 | | |
| Loop ID – 1000C TPA/BROKER NAME | | | | 2 | |
| N1 | TPA/Broker Name | S | 1 | | Not Used by SOM |
| Loop ID – 1100C TPA/BROKER ACCOUNT INFORMATION | | | | 1 | |
| ACT | TPA/Broker Account Information | S | 1 | | Not Used by SOM |

Detail Area - (Table 2)

| ID | Segment Name | Mandatory /Optional | Max Use | Loop Repeat | Comments |
|------------------------------------|--------------------------------|------------------------|------------|----------------|----------|
| Loop ID – 2000 MEMBER LEVEL DETAIL | | | | > 1 | |
| INS | Member Level Detail | R | 1 | | |
| REF | Subscriber Number | R | 1 | | |
| REF | Member Policy Number | S | 1 | | |
| REF | Member Supplemental Identifier | S | 13 | | |
| DTP | Member Level Dates | S | 24 | | |
| Loop ID – 2100A MEMBER NAME | | | | 1 | |

| ID | Segment Name | Mandatory /Optional | Max Use | Loop Repeat | Comments |
|--|--|---------------------|---------|-------------|------------------------|
| NM1 | Member Name | R | 1 | | |
| PER | Member Communications Numbers | S | 1 | | Not Used by SOM |
| N3 | Member Residence Street Address | S | 1 | | |
| N4 | Member Residence City, State, ZIP Code | S | 1 | | |
| DMG | Member Demographics | S | 1 | | |
| EC | Employment Class | S | >1 | | Not Used by SOM |
| ICM | Member Income | S | 1 | | Not Used by SOM |
| AMT | Member Policy Amounts | S | 7 | | Not Used by SOM |
| HLH | Member Health Information | S | 1 | | Not Used by SOM |
| LUI | Member Language | S | >1 | | Not Used by SOM |
| Loop ID – 2100B INCORRECT MEMBER NAME | | | | 1 | |
| NM1 | Incorrect Member Name | S | 1 | | Not Used by SOM |
| DMG | Incorrect Member Demographics | S | 1 | | Not Used by SOM |
| Loop ID – 2100C MEMBER MAILING ADDRESS | | | | 1 | |
| NM1 | Member Mailing Address | S | 1 | | |
| N3 | Member Mail Street Address | S | 1 | | |
| N4 | Member Mail City, State, Zip | S | 1 | | |
| Loop ID – 2100D MEMBER EMPLOYER | | | | 1 | |
| NM1 | Member Employer | S | 1 | | Not Used by SOM |
| PER | Member Employer Communications Numbers | S | 1 | | Not Used by SOM |
| N3 | Member Employer Street Address | S | 1 | | Not Used by SOM |
| N4 | Member Employer City, State, Zip | S | 1 | | Not Used by SOM |
| Loop ID – 2100E MEMBER SCHOOL | | | | 1 | |
| NM1 | Member School | S | 1 | | Not Used by SOM |
| PER | Member School Communications Numbers | S | 1 | | Not Used by SOM |
| N3 | Member School Street Address | S | 1 | | Not Used by SOM |
| N4 | Member School City, State, Zip | S | 1 | | Not Used by SOM |
| Loop ID – 2100F CUSTODIAL PARENT | | | | 1 | |
| NM1 | Custodial Parent | S | 1 | | Not Used by SOM |

| ID | Segment Name | Mandatory /Optional | Max Use | Loop Repeat | Comments |
|---------------------------------------|---|---------------------|---------|-------------|---|
| PER | Custodial Parent Communications Numbers | S | 1 | | Not Used by SOM |
| N3 | Custodial Parent Street Address | S | 1 | | Not Used by SOM |
| N4 | Custodial Parent City, State, Zip | S | 1 | | Not Used by SOM |
| Loop ID – 2100G RESPONSIBLE PERSON | | | | 1 | |
| NM1 | Responsible Person | S | 1 | | Not Used by SOM |
| PER | Responsible Person Communications Numbers | S | 1 | | Not Used by SOM |
| N3 | Responsible Person Street Address | S | 1 | | Not Used by SOM |
| N4 | Responsible Person City, State, Zip | S | 1 | | Not Used by SOM |
| Loop ID – 2100H DROP OFF LOCATION | | | | 1 | |
| NM1 | Drop Off Location | S | 1 | | Not Used by SOM |
| N3 | Drop Off Location Street Address | S | 1 | | Not Used by SOM |
| N4 | Drop Off Location City, State, Zip | S | 1 | | Not Used by SOM |
| Loop ID – 2200 DISABILITY INFORMATION | | | | 1 | |
| DSB | Disability Information | S | 1 | | Not Used by SOM |
| DTP | Disability Eligibility Dates | S | 2 | | Not Used by SOM |
| Loop ID – 2300 HEALTH COVERAGE | | | | 99 | |
| HD | Health Coverage | S | 1 | | |
| DTP | Health Coverage Dates | R | 6 | | |
| AMT | Health Coverage Policy | S | 9 | | Used for only Flexible Spending Accounts |
| REF | Health Coverage Policy Number | S | 14 | | Not Used by SOM |
| REF | Prior Coverage Months | S | 1 | | Not used by SOM |
| IDC | Identification Card | S | 3 | | Not Used by SOM |
| Loop ID – 2310 PROVIDER INFORMATION | | | | 30 | |
| LX | Provider Information | S | 1 | | Not Used by SOM |
| NM1 | Provider Name | R | 1 | | Not Used by SOM |
| N3 | Provider Address | S | 2 | | |
| N4 | Provider City, State, ZIP Code | S | 1 | | Not Used by SOM |
| PER | Provider Communications Numbers | S | 2 | | Not Used by SOM |

| ID | Segment Name | Mandatory /Optional | Max Use | Loop Repeat | Comments |
|-----------|--|---------------------|---------|-------------|-----------------|
| | PLA PCP Change Reason | S | 1 | | Not Used by SOM |
| | Loop ID – 2320 COORDINATION OF BENEFITS | | | 5 | |
| | COB Coordination of Benefits | S | 1 | | Not Used by SOM |
| | REF Additional Coordination of Benefits Identifiers | S | 4 | | Not Used by SOM |
| | DTP Coordination of Benefits Eligibility Dates | S | 2 | | Not Used by SOM |
| | Loop ID – 2330 COORDINATION OF BENEFITS RELATED | | | 3 | |
| | NM1 Coordination of Benefits Related Entity | S | 1 | | Not Used by SOM |
| | N3 Coordination of Benefits Related Entity Address | S | 1 | | Not Used by SOM |
| | N4 Coordination of Benefits Other Insurance Company City, State, ZIP Code | S | 1 | | Not Used by SOM |
| | PER Administrative Communications Contact | S | 1 | | Not Used by SOM |
| LS | Additional Reporting Categories | S | 1 | | Not Used by SOM |
| | Loop ID – 2700 MEMBER REPORTING CATEGORIES | | | 3 | |
| | LX Member Reporting Categories | S | 1 | | |
| | Loop ID – 2750 REPORTING CATEGORY | | | 1 | |
| | N1 Reporting Category | S | 1 | | Not Used by SOM |
| | REF Reporting Category Reference | S | 1 | | Not Used by SOM |
| | DTP Reporting Category Date | S | 1 | | Not Used by SOM |
| LE | Additional Reporting Categories Loop Termination | S | 1 | | Not Used by SOM |
| SE | Transaction Set Trailer | R | 1 | | |

BGN Beginning SegmentMax: 1
Loop ID: N/A
Header

| <i>Element</i> | <i>ID</i> | <i>Description</i> | <i>Qualifier/Definition</i> | | <i>Min/ Max</i> | <i>Type</i> | <i>Usage</i> |
|----------------|-----------|------------------------------|-----------------------------|-----------------------|---------------------|-------------|--------------|
| BGN01 | 353 | Transaction Set Purpose Code | 00 | Original | 2/2 | ID | M |
| | | | 15 | Re-Submission | | | |
| | | | 22 | Information Copy | | | |
| BGN02 | 127 | Reference Identification | | | 1/30 | AN | M |
| BGN03 | 373 | Date | | | 8/8 | DT | M |
| BGN04 | 337 | Time | | | 4/8 | TM | X |
| BGN05 | 623 | Time Code | ED | Eastern Daylight Time | 2/2 | ID | O |
| | | | ES | Eastern Standard Time | | | |
| BGN06 | 127 | Reference Identification | | | 1/30 | AN | O |
| BGN08 | 306 | Action Code | 2 | Change (Update) | 1/2 | ID | O |
| | | | 4 | Verify | | | |
| | | | RX | Replace | | | |

Comments:

1. BGN05 – Only the Time Codes listed above will be used by the State of Michigan.
2. BGN08 – New Choice “RX”, Used to identify a full enrollment transmission to be used to identify additions, terminations and changes that need to be applied to the payer’s enrollment system.

REF Reference Identification (Transaction Set Policy Number)

Max: 1
Loop ID: N/A
Header

| <i>Element</i> | <i>ID</i> | <i>Description</i> | <i>Qualifier/Definition</i> | | <i>Min/ Max</i> | <i>Type</i> | <i>Usage</i> |
|----------------|-----------|------------------------------------|-----------------------------|----------------------|---------------------|-------------|--------------|
| REF01 | 128 | Reference Identification Qualifier | 38 | Master Policy Number | 2/3 | ID | M |
| REF02 | 127 | Reference Identification | | | 1/30 | AN | X |

Comments:

1. Trading Partner must provide this information to the State of Michigan

DTP Date or Time or Period (File Effective Date)

Max: > 1
 Loop ID: N/A
 Header

| <i>Element</i> | <i>ID</i> | <i>Description</i> | <i>Qualifier/Definition</i> | | <i>Min/ Max</i> | <i>Type</i> | <i>Usage</i> |
|----------------|-----------|-----------------------------------|-----------------------------|--------------------------------------|---------------------|-------------|--------------|
| DTP01 | 374 | Date/Time Qualifier | 007 | Effective | 3/3 | ID | M |
| DTP02 | 1250 | Date Time Period Format Qualifier | D8 | Date Expressed in Format CCYYMMDD | 2/3 | ID | M |
| DTP03 | 1251 | Date Time Period | | | 1/35 | AN | M |

Comments:

1. DTP01 – Only the qualifiers listed above will be used by the State of Michigan.
2. DTP segment will be sent only in Verify/Full or Replace Files.

INS Insured Benefit (Member Level Detail)

Max: 1
 Loop ID: 2000
 Detail

| <i>Element</i> | <i>ID</i> | <i>Description</i> | <i>Qualifier/Definition</i> | | <i>Min/ Max</i> | <i>Type</i> | <i>Usage</i> |
|----------------|-----------|-----------------------------------|-----------------------------|-----------------------------|---------------------|-------------|--------------|
| INS01 | 1073 | Yes/No Condition or Response Code | N | No | 1/1 | ID | M |
| | | | Y | Yes | | | |
| INS02 | 1069 | Individual Relationship Code | 01 | Spouse | 2/2 | ID | M |
| | | | 03 | Father or Mother | | | |
| | | | 04 | Grandfather or Grandmother | | | |
| | | | 05 | Grandson or Granddaughter | | | |
| | | | 06 | Uncle or Aunt | | | |
| | | | 07 | Nephew or Niece | | | |
| | | | 08 | Cousin | | | |
| | | | 09 | Adopted Child | | | |
| | | | 10 | Foster Child | | | |
| | | | 11 | Son/Daughter-in-law | | | |
| | | | 12 | Brother/Sister-in-law | | | |
| | | | 13 | Mother/Father-in-law | | | |
| | | | 14 | Brother or Sister | | | |
| | | | 15 | Ward | | | |
| | | | 16 | Stepparent | | | |
| | | | 17 | Stepson or Stepdaughter | | | |
| | | | 18 | Self | | | |
| | | | 19 | Child | | | |
| | | | 23 | Sponsored Dependent | | | |
| | | | 24 | Dependent of a Minor Dep | | | |
| | | | 25 | Ex-Spouse | | | |
| | | | 26 | Guardian | | | |
| | | | 31 | Court Appointed Guardian | | | |
| | | | 38 | Collateral Dependent | | | |
| | | | 53 | Life Partner | | | |
| | | | 60 | Annuitant | | | |
| | | | D2 | Trustee | | | |
| | | | G8 | Other Relationship | | | |
| | | | G9 | Other Relative | | | |
| INS03 | 875 | Maintenance Type Code | 001 | Change | 3/3 | ID | O |
| | | | 021 | Addition | | | |
| | | | 024 | Cancellation or Termination | | | |
| | | | 025 | Reinstatement | | | |
| | | | 030 | Audit or Compare | | | |
| INS04 | 1203 | Maintenance Reason Code | 01 | Divorce | 2/3 | ID | O |
| | | | 02 | Birth | | | |
| | | | 03 | Death | | | |
| | | | 04 | Retirement | | | |
| | | | 05 | Adoption | | | |
| | | | 06 | Strike | | | |
| | | | 07 | Termination of Benefits | | | |
| | | | 08 | Termination of Employment | | | |
| | | | 09 | COBRA | | | |
| | | | 10 | COBRA Premium Paid | | | |
| | | | 11 | Surviving Spouse | | | |

| | | | | | | | |
|-------|------|---|----|--|-----|----|---|
| | | | 14 | Voluntary Withdrawal | | | |
| | | | 15 | PCP Change | | | |
| | | | 16 | Quit | | | |
| | | | 17 | Fired | | | |
| | | | 18 | Suspended | | | |
| | | | 20 | Active | | | |
| | | | 21 | Disability | | | |
| | | | 22 | Plan Change | | | |
| | | | 25 | Change in Identifying Data Elements | | | |
| | | | 26 | Declined Coverage | | | |
| | | | 27 | Pre-Enrollment | | | |
| | | | 28 | Initial Enrollment | | | |
| | | | 29 | Benefit Selection | | | |
| | | | 31 | Legal Separation | | | |
| | | | 32 | Marriage | | | |
| | | | 33 | Personnel Data | | | |
| | | | 37 | Leave of Absence with Benefits | | | |
| | | | 38 | Leave of Absence without Benefits | | | |
| | | | 39 | Layoff with Benefits | | | |
| | | | 40 | Layoff without Benefits | | | |
| | | | 41 | Re-enrollment | | | |
| | | | 43 | Change of Location | | | |
| | | | 59 | Non Payment | | | |
| | | | AA | Dissatisfied with Off Staff | | | |
| | | | AB | Dissatisfied w Medical Care | | | |
| | | | AC | Inconvenient Office Loc | | | |
| | | | AD | Dissatisfied w Office Hrs | | | |
| | | | AE | Unable to Schd Appt | | | |
| | | | AF | Dissatisfied w Ref Policy | | | |
| | | | AG | Less Respect & Attention | | | |
| | | | AH | Patient moved New Loc | | | |
| | | | AI | No reason given | | | |
| | | | AJ | Appt Times not Met | | | |
| | | | AL | Assigned Benefit Selection | | | |
| | | | EC | Member Benefit Selection | | | |
| | | | XN | Notification only | | | |
| | | | XT | Transfer | | | |
| INS05 | 1216 | Benefit Status Code | A | Active | 1/1 | ID | O |
| | | | C | COBRA | | | |
| | | | S | Surviving Insured | | | |
| | | | T | Tax Equity and Fiscal Responsibility Act | | | |
| INS06 | 1218 | Medicare Plan Code | A | Medicare Part A | 1/1 | ID | O |
| | | | B | Medicare Part B | | | |
| | | | C | Medicare Part A & B | | | |
| | | | D | Medicare | | | |
| | | | E | No Medicare | | | |
| INS07 | 1219 | Consolidated Omnibus Budget Reconciliation Act (COBRA) Qualifying | 1 | Termination of Employment | 1/2 | ID | O |
| | | | 2 | Reduction of work hours | | | |
| | | | 3 | Medicare | | | |
| | | | 4 | Death | | | |
| | | | 5 | Divorce | | | |
| | | | 6 | Separation | | | |

| | | | | | | | |
|-------|------|-----------------------------------|-----------|--|------|----|---|
| | | | 7 | Ineligible Child | | | |
| | | | 8 | Bankruptcy of a Retired Employee Former Employer | | | |
| | | | 9 | Layoff | | | |
| | | | 10 | Leave of Absence | | | |
| | | | ZZ | Mutually Defined | | | |
| INS08 | 584 | Employment Status Code | AC | Active | 2/2 | ID | O |
| | | | AO | Active Military – Overseas | | | |
| | | | AU | Active Military – USA | | | |
| | | | FT | Full-time (Full-time Active) | | | |
| | | | L1 | Leave of Absence | | | |
| | | | PT | Part-time (Part-time Active) | | | |
| | | | RT | Retired | | | |
| | | | TE | Terminated | | | |
| INS09 | 1220 | Student Status Code | F | Full-time | 1/1 | ID | O |
| | | | N | Not a student | | | |
| | | | P | Part-time | | | |
| INS10 | 1073 | Yes/No Condition or Response Code | N | No | 1/1 | ID | O |
| | | | Y | Yes | | | |
| INS11 | 1250 | Date Time Period Format Qualifier | D8 | Date expressed as CCYYMMDD | 2/3 | ID | X |
| INS12 | 1251 | Date Time Period | | | 1/35 | AN | X |
| INS17 | 1470 | Number | | | 1/9 | N0 | O |

Comments:

1. INS03, INS04, INS05, and INS09 – Only the codes listed above will be used by the State of Michigan.
2. INS04 Maintenance Reason Code for COBRA participants will always be '09'.
3. INS05 Benefit Status Code will be 'A' for Active employees and 'C' for COBRA participants
4. INS08 Employment Status Code will be 'FT' for Active employees and 'L1' for COBRA participants.
5. INS17 used when more than one family member has the same birth date.

REF Reference Identification (Subscriber Number)

Max: 1
 Loop ID: 2000
 Detail

| <i>Element</i> | <i>ID</i> | <i>Description</i> | <i>Qualifier/Definition</i> | | <i>Min/ Max</i> | <i>Type</i> | <i>Usage</i> |
|----------------|-----------|------------------------------------|-----------------------------|-------------------|---------------------|-------------|--------------|
| REF01 | 128 | Reference Identification Qualifier | 0F | Subscriber Number | 2/3 | ID | M |
| REF02 | 127 | Reference Identification | | | 1/30 | AN | X |

Comments:

1. REF02 –Reference Identification field will contain Social Security Number.

REF Reference Identification (Member Policy Number)

Max: 1
 Loop ID: 2000
 Detail

| <i>Element</i> | <i>ID</i> | <i>Description</i> | <i>Qualifier/Definition</i> | | <i>Min/ Max</i> | <i>Type</i> | <i>Usage</i> |
|----------------|-----------|------------------------------------|-----------------------------|------------------------|---------------------|-------------|--------------|
| REF01 | 128 | Reference Identification Qualifier | 1L | Group or Policy Number | 2/3 | ID | M |
| REF02 | 127 | Reference Identification | | | 1/30 | AN | X |

Comments:

1. Trading Partner must provide this information to the State of Michigan

REF Reference Identification (Member Identification Number)

Max: 2
Loop ID: 2000
Detail

| <i>Element</i> | <i>ID</i> | <i>Description</i> | <i>Qualifier/Definition</i> | | <i>Min/ Max</i> | <i>Type</i> | <i>Usage</i> |
|----------------|-----------|------------------------------------|-----------------------------|-----------------------------|---------------------|-------------|--------------|
| REF01 | 128 | Reference Identification Qualifier | DX | Department/Agency Number | 2/3 | ID | M |
| | | | 23 | Client Number | | | |
| REF02 | 127 | Reference Identification | | | 1/30 | AN | X |

Comments:

1. REF01 – Only the codes listed above will be used by the State of Michigan
2. REF02 –The format of the Reference Identification field when REF01 = ‘DX’ is as follows:
aaaaa^bbb^cccc^dd^ee^ffffffff – where aaaaa is the 5 character Process Level (Department Code and Agency Code), bbb is the 3 character Bargaining Unit, cccc is the 4 character Plan Code, dd is the 2 character Coverage Option, ee is the 2 character Occurrence Type, ffffffff is the 9 digit Original Subscriber Social Security Number, and ^ indicates a space. Process Level, Bargaining Unit, Plan Code and Coverage Option will be provided for Active Employees and COBRA participants. Occurrence Type will be provided only for COBRA participants. If it is applicable, Original Subscriber Social Security Number will be provided to tie the surviving insured back to the original subscriber for COBRA participants. This segment will be provided both for subscribers and dependents.
3. When REF01 = ‘23’, REF02 will contain Employee Number as alternate identifier for subscriber. The alternate number will be specified both in Verify and Update files for the subscriber and not for dependents.

DTP Date or Time or Period (Member Level Dates)

Max: 20
 Loop ID: 2000
 Detail

| <i>Element</i> | <i>ID</i> | <i>Description</i> | <i>Qualifier/Definition</i> | | <i>Min/ Max</i> | <i>Type</i> | <i>Usage</i> |
|----------------|-----------|-----------------------------------|-----------------------------|--|---------------------|-------------|--------------|
| DTP01 | 374 | Date/Time Qualifier | 286 | Retirement | 3/3 | ID | M |
| | | | 296 | Initial Disability Period Return to Work | | | |
| | | | 297 | Initial Disability Period Last Day worked | | | |
| | | | 300 | Enrollment Signature Dt | | | |
| | | | 301 | COBRA Qualifying Event | | | |
| | | | 303 | Maintenance Effective | | | |
| | | | 336 | Employment begin | | | |
| | | | 337 | Employment end | | | |
| | | | 338 | Medicare Begin | | | |
| | | | 339 | Medicare End | | | |
| | | | 340 | COBRA Begin | | | |
| | | | 341 | COBRE End | | | |
| | | | 350 | Education Begin | | | |
| | | | 351 | Education End | | | |
| | | | 356 | Eligibility Begin | | | |
| | | | 357 | Eligibility End | | | |
| | | | 383 | Adjusted Hire | | | |
| | | | 385 | Credited Service Begin | | | |
| | | | 386 | Credited Service End | | | |
| | | | 393 | Plan Participation Suspension | | | |
| | | | 394 | Rehire | | | |
| | | | 473 | Medicaid Begin | | | |
| | | | 474 | Medicaid End | | | |
| DTP02 | 1250 | Date Time Period Format Qualifier | D8 | Date expressed in format CCYYMMDD | 2/3 | ID | M |
| DTP03 | 1251 | Date Time Period | | | 1/35 | AN | M |

Comments:

1. This segment will contain the COBRA Begin (340) and COBRA End (341) dates for COBRA participants.
2. The Eligibility Begin (356) will be used to provide the Employee's Hire Date or when they first became eligible for Benefits.

NM1 Individual or Organizational Name (Member Name)

Max: 1
 Loop ID: 2100A
 Detail

| <i>Element</i> | <i>ID</i> | <i>Description</i> | <i>Qualifier/Definition</i> | | <i>Min/ Max</i> | <i>Type</i> | <i>Usage</i> |
|----------------|-----------|--------------------------------|-----------------------------|--|---------------------|-------------|--------------|
| NM101 | 98 | Entity Identifier Code | IL | Insured or Subscriber | 2/3 | ID | M |
| NM102 | 1065 | Entity Type Qualifier | 1 | Person | 1/1 | ID | M |
| NM103 | 1035 | Name Last or Organization Name | | | 1/35 | AN | O |
| NM104 | 1036 | Name First | | | 1/25 | AN | O |
| NM105 | 1037 | Name Middle | | | 1/25 | AN | O |
| NM106 | 1038 | Name Prefix | | | 1/10 | AN | O |
| NM107 | 1039 | Name Suffix | | | 1/10 | AN | O |
| NM108 | 66 | Identification Code Qualifier | 34 ZZ | Social Security Number Mutually Defined | 1/2 | ID | X |
| NM109 | 67 | Identification Code | | | 2/80 | AN | X |

Comments:

1. NM101 – Only the codes listed above will be used by the State of Michigan
2. NM109 – Identification Code field will contain the Social Security Number.

DMG Member Demographics

Max: 1
 Loop ID: 2100A
 Detail

| <i>Element</i> | <i>ID</i> | <i>Description</i> | <i>Qualifier/Definition</i> | | <i>Min/ Max</i> | <i>Type</i> | <i>Usage</i> |
|----------------|-----------|-----------------------------------|--|--|---------------------|-------------|--------------|
| DMG01 | 1250 | Date Time Period Format Qualifier | D8 | Date Expressed in format CCYYMMDD | 2/3 | ID | X |
| DMG02 | 1251 | Date Time Period | | | 1/35 | AN | X |
| DMG03 | 1068 | Gender Code | F M U | Female Male Unknown | 1/1 | ID | O |
| DMG04 | 1067 | Marital Status Code | B D I M R S U W X | Registered Domestic Partners Divorced Single Married Unreported Separated Unmarried Widowed Legally Separated | 1/1 | ID | O |
| DMG05 | 1109 | Race or Ethnicity Code | 7 A B C H I N O | Not Provided Asian or Pacific Islander Black Caucasian Hispanic American Indian or Alaskan Native Black (Non-Hispanic) White (Non-Hispanic) | 1/1 | ID | O |
| DMG06 | 1066 | Citizenship Status Code | 1 2 3 4 5 6 7 | U.S. Citizen Non-Resident Alien Resident Alien Illegal Alien Alien U.S. Citizen – Non-Resident U.S. Citizen - Resident | 1/2 | ID | O |

Comments:

1. DMG05 and DMG06 are not currently used by the State of Michigan.

NM1 Member Mailing Address

Max: 1
Loop ID: 2100C
Detail

| <i>Element</i> | <i>ID</i> | <i>Description</i> | <i>Qualifier/Definition</i> | | <i>Min/ Max</i> | <i>Type</i> | <i>Usage</i> |
|----------------|-----------|------------------------|-----------------------------|------------------------|---------------------|-------------|--------------|
| NM101 | 98 | Entity Identifier Code | 31 | Postal Mailing Address | 2/3 | ID | M |
| NM102 | 1065 | Entity Type Qualifier | 1 | Person | 1/1 | ID | M |

Comments:

1. Member Mailing Address will only be provided if different than Resident Address in 2100A

HD Health Coverage

Max: 1
 Loop ID: 2300
 Detail

| <i>Element</i> | <i>ID</i> | <i>Description</i> | <i>Qualifier/Definition</i> | | <i>Min/ Max</i> | <i>Type</i> | <i>Usage</i> |
|----------------|-----------|---------------------------|-----------------------------|---|---------------------|-------------|--------------|
| HD01 | 875 | Maintenance Type Code | 001 | Change | 3/3 | ID | M |
| | | | 002 | Delete | | | |
| | | | 021 | Addition | | | |
| | | | 024 | Cancellation or Termination | | | |
| | | | 030 | Audit or Compare | | | |
| HD03 | 1205 | Insurance Line Code | AG | Preventative Care/Wellness | 2/3 | ID | O |
| | | | AH | 24 Hour Care | | | |
| | | | AJ | Medicare Risk | | | |
| | | | AK | Mental Health | | | |
| | | | DCP | Dental Capitation (for DMO) | | | |
| | | | DEN | Dental | | | |
| | | | EPO | Exclusive Provider Organization | | | |
| | | | FAC | Facility | | | |
| | | | HE | Hearing | | | |
| | | | HLT | Health (both Hospital and Professional Care) | | | |
| | | | HMO | Health Maintenance Organization | | | |
| | | | LTC | Long Term Care | | | |
| | | | LTD | Long Term Disability | | | |
| | | | MM | Major Medical | | | |
| | | | MOD | Mail Order Drug | | | |
| | | | PDG | Prescription Drug | | | |
| | | | POS | Point of Service | | | |
| | | | PPO | Preferred Provider Organization | | | |
| | | | PRA | Practitioners | | | |
| | | | STD | Short Term Disability | | | |
| | | | UR | Utilization Review | | | |
| | | | VIS | Vision | | | |
| HD04 | 1204 | Plan Coverage Description | | | 1/50 | AN | O |
| HD05 | 1207 | Coverage Level Code | EMP | Employee Only | 3/3 | ID | O |
| | | | ESP | Employee and Spouse | | | |
| | | | FAM | Family | | | |
| | | | ECH | Employee and Children | | | |

Comments:

1. HD01 and HD05 – Only the qualifiers listed above will be used by the State of Michigan.

DTP Date or Time or Period (Health Coverage Dates)

Max: 4
 Loop ID: 2300

| <i>Element</i> | <i>ID</i> | <i>Description</i> | <i>Qualifier/Definition</i> | <i>Min/ Max</i> | <i>Type</i> | <i>Usage</i> |
|----------------|-----------|-----------------------------------|---|---------------------|-------------|--------------|
| DTP01 | 374 | Date/Time Qualifier | 303 Maintenance Effective 348 Benefit Begin 349 Benefit End 543 Last Premium Paid Date | 3/3 | ID | M |
| DTP02 | 1250 | Date Time Period Format Qualifier | D8 Date expressed in format CCYYMMDD | 2/3 | ID | M |
| DTP03 | 1251 | Date Time Period | | 1/35 | AN | M |

Comments:

1. DTP01 – Only the codes listed above will be used by the State of Michigan.
2. The DTP01 Qualifier of ‘543’ will be used for COBRA participants. COBRA coverage only exists if ‘543’ paid through date is provided and is only good through the ‘543’ date.
3. The following table provides a list of valid combinations for DTP01. The Last Premium Paid date will be provided if available.
4. This segment will not contain the future STOP dates for non-spouse dependents in both Verify and Update Files. The STOP dates for non-spouse dependents will be provided when the coverage terminates.

| INS03 | HD01 | DTP01 for Active | DTP01 for COBRA participants |
|--------------------|--|---|---|
| 021 - Addition | 021 – Addition | 348 – Benefit Begin | 348 – Benefit Begin 543 – Last Premium Paid Date |
| 001 – Change | 001 – Change | 303 – Maintenance Effective 348 – Benefit Begin | 303 – Maintenance Effective 348 – Benefit Begin 543 – Last Premium Paid Date |
| 024 – Cancellation | 024 – Cancellation OR 002 - Delete | 349 – Benefit End 303 – Maintenance Effective 348 – Benefit Begin | 349 – Benefit End 303 – Maintenance Effective 348 – Benefit Begin 543 – Last Premium Paid Date |
| 030 – Audit | 030 – Audit | 348 – Benefit Begin | 348 – Benefit Begin 543 – Last Premium Paid Date |